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		Zellon Collins	
	(In the st	pace above enter the full name(s) of the plaintiff(s).)	
	(III die of	P	COMPLAINT under the
	V.		Civil Rights Act, 42 U.S.C. § 19
ndant No. 1	1	and condutaril # 1004	
idani 10		Active Sistand (RNDC)	Jury Trial: Yes V No
ndant No. 2		D NIDII((1 # 18/98	(check one)
		of Ribert Island (RNDC)	·
ndant No. 3		0 RIES #17045	
8		of Rikers Island (RNDC)	
ndant No. 4	4	O Cloverington (# unhapown)	
		at Where Island (RNDC)	
ndant No.	5	O Valentine (# unknown)	
		at Mikers Island (RNDC)	
	(In the	space above enter the full name(s) of the defendant(s). If	
	you car	nnot fit the names of all of the defendants in the space ed, please write "see attached" in the space above and attach	3 3
•	an addit	tional sheet of paper with the full list of names. The hames	
	listed in	n the above caption must be identical to those contained in	and the second of the second
	Part I.	No addresses should be included here.)	
	I.	Parties in this complaint:	
	Α.	List your name, identification number, and the name	e and address of your current place of
		confinement. Do the same for any additional plaintiffs	named. Attach additional sheets of paper
		as necessary.	
		Vans Zellan Pallins	
	Plainti	2/4/20/1/2/0	
		ID# <u>J4/19/1359</u> Current Institution <u>D/IS Bantum Coll</u>	roctional Center
		1100 11000 [/010]	
		Address / 600 F10211 ()11011 () 11370	9

contained in the above caption. Attach additional sheets of paper as necessary.

Case 1.11-0		,
Defendant No. 1	Name Capt, Singletail	Shield #
	Where Currently Employed	
	Address //- // // // // // // // // // // // //	
	E. Elmhuist, NU 11370	5::11 1/1/02
Defendant No. 2	Name (1) (1) (1)	Shield #Shield #
	Where Currently Employed	
	Address // // //alln Stillt	
	E. Elmhust, NY 11370	
		inkell
Defendant No. 3	Name (O Rels	Shield #Shield #
Defendant 1.0.	Where Currently Employed NNOC (C.74)	
	Address //·// Hazin Street	
	E. Elmhurst, NU 11310	<u> </u>
Defendant No. 4	Name OU COULINGTON	Shield #
	Where Currently Employed \(\lambda \lam	
	Address //·// Hazin Still	
	E. Elmhurst, NY 11310	
		05:-13 #
Defendant No. 5	Name (1) Valentine	Shield #
•	Where Currently Employed	
	Address // // //alm Stiget	
	E. Elmhuist, NY 11370	·
II. Statement of	f Claim:	
	Describe how each of the d	lefendants named in the
State as briefly as pos	int is involved in this action, along with the dates and location	ns of all relevant events.
You may wish to incli	ude further details such as the names of other persons and or	If you intend to allege
rise to your claims. I	laims, number and set forth each claim in a separate parag	raph. Attach additional
sheets of paper as nec	cessary.	
A. In what institu	ution did the events giving rise to your claim(s) occur?	he defendants
A. M. What mount	SIVE FOICE ON ME and damaged	my property.
B. Where in the	institution did the events giving rise to your claim(s) occur	! ////////////////////////////////////
100h place	e at n.N.D.C. (C.74) in a Upper	South Mousing
ared.		
		(s) occur? · //
C. What date an	d approximate time did the events giving rise to your claim	0400-0830
- repruary	28, 2011 approximately around b	OUV VOVV
noursi		

	case 1.11-cv-02030-B33-HBF Document 2 Theo 04/14/11 Fage 3 017
	D. Facts: The Christianis Had William Processing
	with no probable cause cause causing injulies in my ruce
What happened	and upper body damage, and some or my personal
to you?	property was domaged and lossed from thems my
	Valentine.
	- 1 C 11 1 Do A Dearing Of Davis and Co Clareningto
Who did	Capt Singletori, Co willer, co their and co comments
what?	nad attacked me auting and arter the institutional dearest
	CO Valentine nad chanage and lost transition
,	intitled to have in my possessions
	The way a Associal Commental (Mahanua name and shield)
Was anyone	that allegand the individual search and he also had
else involved?	that affilled the misminum search the's identified
	block male 5'ID IND the solt and penner hair and facial.
	MILLE MILLE, SIL DOUTING, State Give propper
	another inmote was also attacked by the defendants.
Who else	Tomate identified by Oliver Russ # 44/10913758.
what happened?	_ 11111/016 then the my
	III. Injuries:
	If you sustained injuries related to the events alleged above, describe them and state what medical
	treatment if any you required and received. (\\W\land\land\land\land\land\land\land\land
	To cated my right eyebrow, miner cuts, and budy damage.
	IV. Exhaustion of Administrative Remedies:
	that "Inlo action shall be
	The Prison Litigation Reform Act of 1993, 42 0.3.C. § 1997(a), requires that fully about the prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under sectional facility until such administrative remedies as are
	brought with respect to prison conditions under section 1983 of this title, of any other rederantal, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.
	available are exhibition. Administrative temperature and the second seco

A.

Yes No ___

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

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events	giving rise to your claim(s). At Alkers I stand building NNDC (c. 74)
В.	Does the jail, prison or other correctional facility where your claim(s) arose have a grievance
o. Proced	nire?
10000	Yes No Do Not Know
	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s)
C.	cover some or all of your claim(s)?
arose	cover some of all of your claim(s).
	Yes No Touch conting of the incident
If YES	Yes No Do Not Know S, which claim(s)?
D.	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s)
arose	not cover some of your claim(s)?
aroso	Yes No Do Not Know / the Danute Sacretal
If V	Yes No Do Not Know Do Not Know Security Security ES, which claim(s)?
11 1	Lo, which is a second claim(s) arose?
E.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
IF NO	Yes No
other	correctional facility?
Offici	Yes No
	If you did file a grievance, about the events described in this complaint, where did you file the
F.	If you did file a grievance, about the events described in this complaint, where can be cance? I filed the grievance /veated of the Bantum Curi. Conter
griev	rance: 1 ///ep tre
	1. Which claim(s) in this complaint did you grieve? I had complaint about heing attack by the defendants.
	1. Which claim(s) in this complete the defendants.
	_ and the many with the many
	2. What was the result, if any? 1 (11/11/10/ a Non Grievable comp.
	2. What was the result, if any! I throughout no action o
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to
	the highest level of the grievance process. Thad filed another grievance process. Thad filed another grievance process. Thad filed another grievance process. The filed another grievance process The filed another grievance
	che highest level of the grievance process
	comanded the Deputy Security the incidents
	request my multicul examination
	V

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G.	If you did not file a grievance, did you inform any officials of your claim(s)?
Ų .	
	Yes No
	2. If NO, why not?
	2. If NO, why not?
I.	Please set forth any additional information that is relevant to the exhaustion of your administrative edies. Capt Singletaid Internal For Me 18 Say that Me and inmate Oriver Mass had got into a altication to
4	demand that he would make up the infraction accusing
	demand that the would make up to
	me assault on state
_0 _0	Relief: The what you want the court to do for you. The property of the prope
	my/ safety, excessive force, and purity from
	Myures damages, una damages
	my property
VI	I. Previous lawsuits:
Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this
	tion?
	Yes No

On these claims

Case 1:11-cv-02658-BSJ-HBP Document 2 Filed 04/14/11 Page 6 of 7 If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If

On other claims

f state court, name the county)
f state court, name the county)
f state court, name the county)
I state court, maine use cours,
_ \
ample: was the case distinct
)
it in questions 1 through 7 on the next page. (If vsuits on another piece of paper, using the same
; if state court, name the county)
No
210
example: Was the case dismissed? Was there
c?

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Signed this 2/ day of March true and correct.	, 20 <u>//</u> . I declare unde	er penalty of perjury that the foregoing is
	Signature of Plaintiff Inmate Number Mailing address	Zillon Collins # 3410911359 1600 Hazen Street. E. Elmhuist, Nif 11370
Note: All plaintiffs named in the cartheir inmate numbers and add	ption of the complaint mu dresses.	st date and sign the complaint and provide
I declare under penalty of perjury that complaint to prison authorities to be southern District of New York.	t on this <u> </u>	March, 20/, I will deliver this see of the United States District Court for the
·	Signature of Plaintiff	: B. Callins